

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full							
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC			
KATHY COCuzzI FOR Council							
Street Address		Description of Item or Service		M	D	Y	Fair Market Value
1029 BLUESAIL DR		OFFICE SUPPLIES		1	5	23	09 41.18
City		State	Zip Code	Received at Fundraising Event?			
WESTERVILLE		OH	43081	<input type="radio"/> YES <input checked="" type="radio"/> NO			
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC			
KATHY COCuzzI							
Street Address		Description of Item or Service		M	D	Y	Fair Market Value
1029 BLUESAIL DR		PARADE PERMIT		1	6	01	09 75.00
City		State	Zip Code	Received at Fundraising Event?			
WESTERVILLE		OH	43081	<input type="radio"/> YES <input checked="" type="radio"/> NO			
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC			
KATHY COCuzzI							
Street Address		Description of Item or Service		M	D	Y	Fair Market Value
1029 BLUESAIL DR		MAGNETIC CAR SIGNS		0	6	22	09 55.93
City		State	Zip Code	Received at Fundraising Event?			
WESTERVILLE		OH	43081	<input type="radio"/> YES <input checked="" type="radio"/> NO			
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC			
KATHY COCuzzI							
Street Address		Description of Item or Service		M	D	Y	Fair Market Value
1029 BLUESAIL DR		FOOD FOR PARADE PARTY		0	6	09	09 68.22
City		State	Zip Code	Received at Fundraising Event?			
WESTERVILLE		OH	43081	<input type="radio"/> YES <input checked="" type="radio"/> NO			
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC			
KATHY COCuzzI							
Street Address		Description of Item or Service		M	D	Y	Fair Market Value
1029 BLUESAIL DR		ENVELOPES FOR MAILING		0	6	22	09 6.79
City		State	Zip Code	Received at Fundraising Event?			
WESTERVILLE		OH	43081	<input type="radio"/> YES <input checked="" type="radio"/> NO			
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC			
KATHY COCuzzI							
Street Address		Description of Item or Service		M	D	Y	Fair Market Value
1029 BLUESAIL DR		ENVELOPES FOR MAILING		0	7	07	09 71.02
City		State	Zip Code	Received at Fundraising Event?			
WESTERVILLE		OH	43081	<input type="radio"/> YES <input checked="" type="radio"/> NO			
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC			
KATHY COCuzzI							
Street Address		Description of Item or Service		M	D	Y	Fair Market Value
1029 BLUESAIL DR		POSTAGE		0	7	15	09 44.00
City		State	Zip Code	Received at Fundraising Event?			
WESTERVILLE		OH	43081	<input type="radio"/> YES <input checked="" type="radio"/> NO			
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC			
Street Address		Description of Item or Service		M	D	Y	Fair Market Value
City		State	Zip Code	Received at Fundraising Event?			
		OH		<input type="radio"/> YES <input checked="" type="radio"/> NO			

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]